Field	Description	Format	(Attachment D)
	Pregnant/Postpartum Client		
County-specific client ID #	Assigned by HDIS.	Automatically defaults	**County-specific client ID #**
County or reservation site of services	County or reservation where client received services. **Currently on HRPIO intake screen**	Text - each site defaults to its own name	**County or reservation site of services**
SSN	**Red Highlighted Field "Social Security #" on Client Details Demographics Tab** Pregnant woman's social security number. If possible, verify with legal documentation.	XXX - XX - XXXX	**SSN**
Last Name	**Red Highlighted Field "Last Name" on Client Details Demographics Tab**. Correct spelling. If possible, verify spelling with Medicaid card or legal document. However verification not required if it will be a hardship for the home visitor. The home visitor will be responsible for changing the spelling prior to outcome, if incorrect spelling entered initially.	free text--letters only no numbers or characters	**Last Name**
First Name	**Red Highlighted Field "First Name" on Client Details Demographics Tab**. Correct spelling. If possible, verify spelling with Medicaid card or legal document. However verification not required if it will be a hardship for the home visitor. The home visitor will be responsible for changing the spelling prior to outcome, if incorrect spelling entered initially.	free text--letters only no numbers or characters	**First Name**
Middle Name	**Red Highlighted Field "Middle Name" on Client Details Demographics Tab**. Correct spelling. If possible, verify spelling with Medicaid card or legal document. However verification not required if it will be a hardship for the home visitor. The home visitor will be responsible for changing the spelling prior to outcome, if incorrect spelling entered initially.	free text--letters only no numbers or characters	**Middle Name**
Maiden Name	**Red Highlighted Field "Maiden Name" on Client Details Demographics Tab.** Should be entered for everyone, even if it is the same as the legal last name. **If never married, legal name can be the same as the maiden name, but this field needs to be completed**	free text--letters only no numbers or characters	**Maiden Name**
PHHV ICM client	**Red highlighted field, "ICM HV client", of HRPIO outcome tab**. Client received intensive case management services from a support specialist and the PHHV site receives extra funds for enhanced home visiting. **There are currently six sites: Cascade, Flathead, Lewis & Clark, Missoula, Riverstone and Blackfeet.**	Check the red highlighted box on HRPIO outcome screen if the pregnant woman was an ICM client during pregnancy/postpartum. Automatically defaults to "no" when a new pregnancy is added.	**PHHV ICM client**
Intake date	**Enter in the red highlighted field "intake date" on HRPIO intake screen.** Date when first face-to-face contact is made with client.	MM/DD/YYYY	**Intake date (date of first face-to-face contact)**
Client date of birth	**Highlighted field of page one of demographics screen.** Self report. If possible, verify with legal document.	MM/DD/YYYY	**Client date of birth**
Race - White	**Highlighted field of page one of demographics screen.** Self reported demographic information. Check all races the client identifies with.	Checkbox	**White**
Race - Black or African American	**Highlighted field of page one of demographics screen.** Self reported demographic information. Check all races the client identifies with.	Checkbox	**Black or African American**
Race - Asian	**Highlighted field of page one of demographics screen.** Self reported demographic information. Check all races the client identifies with.	Checkbox	**Asian**
Race - Native American/Alaska Native	**Highlighted field of page one of demographics screen.** Self reported demographic information. Check all races the client identifies with.	Checkbox	**Native American/Alaska Native**
Race - Native Hawaiian or Pacific Islander	**Highlighted field of page one of demographics screen.** Self reported demographic information. Check all races the client identifies with.	Checkbox	**Native Hawaiian or Pacific Islander**

Race - Other	**Highlighted field of page one of demographics screen.** Self reported demographic information. Check this box if client identifies with a race that is not listed here.	Checkbox	**Other**
Race - Unknown	**Highlighted field of page one of demographics screen.** Self reported demographic information. **Check this box if client is unable to self-report her race.**	Checkbox	**Unknown**
Ethnicity Hispanic/Latino	**Hispanic/Latino red highlighted field of page one of demographics screen.** Self reported by client. Check yes, if they say they are Hispanic/Latino. If client reports she is Hispanic (or Latino) and Hmong mark yes. If they report any ethnicity that does not include Hispanic/Latino, mark no. Select unknown if client is unable to self-report her ethnicity	Drop down box. Choose "Yes", "No", or "Unknown" **Select only one**	**Ethnicity Hispanic/Latino**
Education	**Red highlighted education field on page one of the demographics screen.** Self reported by client. Do not write in number of years. Select only one from the given categories in the drop-down box that best describes the number of whole years of education completed by the client.	Select category from drop-down box that best describes client at the **start** of PHHV services: 8th grade or less 9th-12th grade: No diploma HS grad or GED completed Some college Completed bachelor's degree or more.	**Education**
Marital status	**Red highlighted marital status field on page one of the demographics screen.** Self reported by client. Select one from the given categories in the drop down box that best describes the client's marital status **at first face-to-face visit.**	Select one: Married Divorced Other Separated Single Single living with partner Unknown Widowed	**Marital Status**
Smoked cigarettes during pregnancy	**Red highlighted cigarette tab on outcome tab of HRPIO outcome.** Field should be completed at client outcome (i.e., post outcome, moved, transferred, lost to care and refused). **Client self-report: Smokes Cigarettes or smoked cigarettes during any time of pregnancy. Select unknown if client reports she does not know if she smoked cigarettes at any time during pregnancy.**	Select only one **at outcome:** Yes No Unknown	**Smoked cigarettes during pregnancy**
Smoked cigarettes during last **three months of pregnancy**	**Red highlighted cigarette tab on outcome tab of HRPIO outcome.** Field should be completed at client outcome (i.e., post outcome, moved, transferred, lost to care and refused). **Client self-report: Smoked cigarettes during the last three months of this pregnancy. Select unknown if client reports she does not know if she smoked cigarettes during the last three months of this pregnancy.**	Select only one **at outcome:** Yes No Unknown	**Smoked cigarettes during last three months of pregnancy**
Stopped (quit) smoking during pregnancy	**Red highlighted cigarette tab on outcome tab of HRPIO outcome.** Field should be completed at client outcome (i.e., post outcome, moved, transferred, lost to care and refused). **Client self-report: Quit smoking cigarettes at anytime during pregnancy, never smoked a cigarette again during this pregnancy. Select unknown if client reports she does not know if she quit smoking cigarettes at anytime during pregnancy, never smoked a cigarette again during this pregnancy.**	Select only one **at outcome:** Yes No Unknown	**Stopped (quit) smoking during pregnancy**

Used other tobacco products during pregnancy	**Red highlighted tobacco tab on outcome tab of HRPIO outcome.** Field should be completed at **client outcome** (i.e., post outcome, moved, transferred, lost to care and refused). Client self-report: used other tobacco products during any time of pregnancy. Other tobacco product use includes chew, cigars, spit tobacco, etc. Select unknown if client reports she does not know if she used other tobacco products during this pregnancy.	Select only one **at outcome:** Yes No Unknown	**Used other tobacco products during pregnancy**
Used other tobacco products during last **three months of pregnancy**	**Red highlighted tobacco tab on outcome tab of HRPIO outcome.** Field should be completed at **client outcome** (i.e., post outcome, moved, transferred, lost to care and refused). Client self-report: used other tobacco products during last three months of pregnancy. Other tobacco product use includes chew, cigars, spit tobacco, etc. Select unknown if client reports she does not know if she used other tobacco products during the last three months of this pregnancy.	Select only one **at outcome:** Yes No Unknown	**Used other tobacco products during last three months of pregnancy**
Stopped (quit) use of other tobacco products during pregnancy	**Red highlighted tobacco tab on outcome tab of HRPIO outcome.** Field should be completed at **client outcome** (i.e., post outcome, moved, transferred, lost to care and refused). Client self-report: Quit use of other tobacco products at anytime during pregnancy, never used tobacco products again during this pregnancy. Select unknown if client reports she does not know if she quit use of other tobacco products at anytime during pregnancy, never used tobacco products again during this pregnancy.	Select only one **at outcome:** Yes No Unknown	**Stopped (quit) use of other tobacco products during pregnancy**
Alcohol use during pregnancy	**Red highlighted alcohol/drugs tab on outcome tab of HRPIO outcome**. Field should be completed **at client outcome** (i.e., post outcome, moved, transferred, lost to care and refused). **Any self reported** alcohol use during the pregnancy. **Select unknown if client reports that she does not know if she used any alcohol during this pregnancy.**	Select only one **at outcome:** Yes No Unknown	**Alcohol use during pregnancy**
Stopped (quit) using alcohol during pregnancy	**Red highlighted alcohol/drugs tab on outcome tab of HRPIO outcome.** Field should be completed at client outcome (i.e., post outcome, moved, transferred, lost to care and refused). **Self report quit using alcohol during pregnancy, never drank alcohol again during pregnancy. Select unknown if client reports she does not know if she quit use of alcohol at anytime during pregnancy, never drank alcohol again during pregnancy.**	Select only one **at outcome:** Yes No Unknown	**Stopped (quit) using alcohol during pregnancy**
Illicit drug use during pregnancy	**Red highlighted alcohol/drugs tab on outcome tab of HRPIO outcome**. Field should be completed **at client outcome** (i.e., post outcome, moved, transferred, lost to care and refused). **Any self reported** illicit drug use during this pregnancy. Illicit drugs **are defined as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic (such as stimulants, sedatives, tranquilizers, and pain relievers) used non-medically. Select unknown if client reports that she does not know if she used illicit drugs during this pregnancy.**	Select only one **at outcome:** Yes No Unknown	**Illicit drug use during pregnancy**

Stopped using illicit drugs during pregnancy	**Red highlighted alcohol/drugs tab on outcome tab of HRPIO outcome.** Field should be completed at client outcome (i.e., post outcome, moved, transferred, lost to care and refused). Self report quit using illicit drugs during pregnancy (see definition in above box). **Never used illicit drugs again during pregnancy. Select unknown if client does not know if she stopped using illicit drugs during this pregnancy, never used illicit drugs again during this pregnancy.**	Select only one **at outcome:** Yes No Unknown	**Stopped (quit) illicit drug use during pregnancy**
3 or more residences or homeless during pregnancy	**Red highlighted 3 or more residences or Homeless During Pregnancy field on outcome tab of HRPIO outcome.** Field should be completed at client outcome (i.e., post outcome, moved, transferred, lost to care and refused). Client self report of 3 or more residences or homeless at any time during this pregnancy. Homelessness is defined as: the state or condition of being without permanent housing, including living on the streets, staying in a shelter, mission, abandoned buildings. Select unknown if client reports she does not know if she had 3 or more residences or was homeless during this pregnancy.	Select only one **at outcome:** Yes No Unknown	**3 or more residences or homeless during pregnancy**
Domestic violence/abusive relationship during pregnancy	**Red highlighted" violent or abusive relationship during pregnancy" field on outcome tab of HRPIO outcome.** Field should be completed at client outcome (i.e., post outcome, moved, transferred, lost to care and refused). Screen client using ACOG Screening tool (found under assessment tools tab at top of screen). At outcome: Record "Yes" for those clients who report a positive ACOG screen and "no" for those who screens are negative. The field allows for the option "unknown" to be recorded should the home visitor not assess the client's risk for domestic violence or the client refuses to complete the ACOG DV screen.	Select one option at outcome, based on use of ACOG screening tool: Yes No **Unknown - Not screened**	**Domestic violence/abusive relationship during pregnancy**
Client screened for depression (using EDS tool) during pregnancy	**Screen pregnant woman during pregnancy, using the Edinburgh (EDS) tool.** Record the EDS score for depression screen **DURING** pregnancy in **highlighted "risk factors" tab of HRPIO screen**, or go **to Assessment Tools tab at top of the screen**, select Edinburgh tool, record score on Edinburgh tools screen, **select "indicate score at intake" pop up button** and score will automatically populate the EDS score field of the HRPIO intake. If the depression screen score is not recorded, this will be counted as client not screened. Screening for depression using the Edinburgh, **once during pregnancy** and once during the **postpartum period,** is a program requirement.	**EDS score on HRPIO intake will indicate depression screen during pregnancy.**	**Client screened for depression (using EDS tool) during pregnancy**
Client screened for depression (using EDS tool) post partum	Screen client for depression during the post partum period, prior to client discharge. Record post partum EDS score **in the red highlighted field of the "Medical/Infant Risks" Field of the HRPIO outcome tab or go to Assessment Tools tab at top of the screen, select Edinburgh tool, record score on Edinburgh tools screen, select "indicate score on outcome" pop up button** and score will automatically populate the EDS score field of the HRPIO outcome. If the depression screen score is not recorded, this will be counted as client not screened. Screening for depression using the Edinburgh, **once during pregnancy** and once during the **postpartum period**, is a program requirement.	EDS score on HRPIO outcome will indicate depression screen during post partum period.	**Client screened for depression (using EDS tool) post partum**

Insurance (Health Coverage)	**Red highlighted field "Primary Insurance Carrier" on insurance tab of adult client details.** Select one choice from drop down box: Medicaid/Chip, Private (insurance company may be selected), Self Pay, IHS, unknown. Select field that describes the client's insurance status at outcome. This describes the insurance status of the client. Select unknown only if the client does not know the insurance status at outcome.	Medicaid/Chip Private Self Pay IHS Unknown	**Insurance (Health Coverage)**
Month of first prenatal medical visit	**Red highlighted field of HRPIO intake tab, drop down box.** Field should be completed on HRPIO intake at client outcome (i.e., post outcome, moved, transferred, lost to care and refused). **Self report.** From the drop down box selections, choose the month of pregnancy that the client had her first medical prenatal care appointment or select no prenatal care.	Select one: 1 2 3 4 5 6 7 8 9 No prenatal care	**Month of first prenatal medical visit**
Enrolled in WIC at outcome	**Red highlighted field, "WIC", of HRPIO outcome "Exit/Comments" tab.** Field should be completed at client outcome (i.e., post outcome, moved, transferred, lost to care and refused). Choose one answer to indicate if client received WIC services during pregnancy.	Select one: Yes No Not eligible Unknown	**Enrolled in WIC at outcome**
Enrolled in Medicaid at outcome	**Red highlighted field, "Medicaid", of HRPIO outcome "Exit/Comments" tab.** Field should be completed at client outcome (i.e., post outcome, moved, transferred, lost to care and refused). Choose one answer to indicate if client was on Medicaid during pregnancy.	Select one: Yes No Not eligible Unknown	**Enrolled in Medicaid at outcome**
Date of live birth	**Red highlighted field, "Date of Live Birth", of HRPIO outcome "Outcome" tab. For our reporting purposes, only complete if the pregnant woman was a client through outcome.** Do not count as a client for reporting purposes if client was lost to care shortly after assessment and did not show up again until birth.	MM/DD/YYYY	**Date of live birth (If a PHHV client through pregnancy outcome only)**
Gestational age (in weeks) for live birth	**Red highlighted field, "Gestational Age", of HRPIO outcome "Outcome" tab.** Record the gestational age **in weeks** at birth of the PHHV client's newborn. Only record gestational age if the pregnancy resulted in a live birth.	XX	**Gestational age for live birth (weeks)**
Infant A pregnancy outcome (Use infant A if singleton birth)	**Red highlighted field, "Delivery Outcome", of HRPIO outcome "Outcome" tab.** Mark one. **Live birth:** The complete expulsion or extraction from the mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life, such as such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps. **Miscarriage:** Early pregnancy loss. **Stillbirth:** Delivery of a baby that shows no sign of life.	Select one: Live birth Miscarriage Stillbirth	**Infant A pregnancy outcome**
Infant A sex	**Red highlighted field, "sex", of HRPIO outcome "Outcome" tab. Record the sex of the infant.**	Select one: Male Female	**Infant A sex**

Infant A birth weight (grams)	**Red highlighted field, "Birth Weight, lbs/oz", of HRPIO outcome "Outcome" tab**. Record the birth weight of the PHHV client's newborn if live birth in pounds and ounces. Select the convert to grams pop up box, and weight will automatically populate the grams field.	Report in pounds and ounces or grams. Conversion table in HDIS converts pounds and ounces to grams.	**Infant A birth weight (grams)**
Infant B pregnancy outcome (Use infant A and Infant B if twins)	**Red highlighted field, "Delivery Outcome", of HRPIO outcome "Outcome" tab.** Mark one. **Live birth:** The complete expulsion or extraction from the mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life, such as such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps. **Miscarriage:** Early pregnancy loss. **Stillbirth:** Delivery of a baby that shows no sign of life.	Select one: Live birth Miscarriage Stillbirth	**Infant B pregnancy outcome**
Infant B sex	**Red highlighted field, "sex", of HRPIO outcome "Outcome" tab. Record the sex of the infant.**	Select one: Male Female	**Infant B sex**
Infant B birth weight (grams)	**Red highlighted field, "Birth Weight, lbs/oz", of HRPIO outcome "Outcome" tab**. Record the birth weight of the PHHV client's newborn if live birth in pounds and ounces. Select the convert to grams pop up box, and weight will automatically populate the grams field.	Report in pounds and ounces or grams. Conversion table in HDIS converts pounds and ounces to grams.	**Infant B birth weight (grams)**
Infant C pregnancy outcome (Use infant A, Infant B, and Infant C if triplets)	**Red highlighted field, "Delivery Outcome", of HRPIO outcome "Outcome" tab.** Mark one. **Live birth:** The complete expulsion or extraction from the mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life, such as such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps. **Miscarriage:** Early pregnancy loss. **Stillbirth:** Delivery of a baby that shows no sign of life.	Select one: Live birth Miscarriage Stillbirth	**Infant C pregnancy outcome**
Infant C sex	**Red highlighted field, "sex", of HRPIO outcome "Outcome" tab. Record the sex of the infant.**	Select one: Male Female	**Infant C sex**
Infant C birth weight (grams)	**Red highlighted field, "Birth Weight, lbs/oz", of HRPIO outcome "Outcome" tab**. Record the birth weight of the PHHV client's newborn if live birth in pounds and ounces. Select the convert to grams pop up box, and weight will automatically populate the grams field.	Report in pounds and ounces or grams. Conversion table in HDIS converts pounds and ounces to grams.	**Infant C birth weight (grams)**
Total number of medical prenatal visits	**Red highlighted field, "Total number of Medical Prenatal Visits", of HRPIO outcome "Outcome" tab.** Field should be completed at client outcome (i.e., post outcome, moved, transferred, lost to care and refused). Record total number of **self-reported** medical prenatal visits**.** This information is used along with the month of first medical prenatal care visit to calculate the adequacy of prenatal care, using the Kottlechuck Index.	Enter one to two digit number. Enter zero, if not prenatal care.	**Total number of medical prenatal visits**

Total number of PHHV face-to-face visits - Home, Office or Other	**Red highlighted field," Location of PHHV face-to-face visit" filed of the encounter tab, Zoom. Select from drop down box, home, office or other. Field should be selected for each client face-to-face encounter. This required data element will automatically populate the required data elements report at client outcome (i.e., post outcome, moved, transferred, lost to care and refused). Face-to-face visits include home visits, office visits or other.** Face-to-face visits include home visits, office visits or other. Other is face-to-face encounter at arranged site, other than office or home. This could be due to safety concerns. Telephone visits, cancelled appointments or no-show appointments should not be included.	Select one location from drop-down box for location of face-to-face contact.	**Total number of PHHV visits-Home**
			Total number of PHHV visits-Office
			Total number of PHHV visits-Other
Referrals made by PHHV while a PHHV client to community services - MTUPP QuitLine	**Red highlighted field, "Referrals made by PHHV to community", of HRPIO outcome "Exit/Comments" tab.**- Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the pregnant/postpartum client. **Referrals made by an agency other than PHHV should not be recorded here.**	Select all that apply	**Referrals - MTUPP QuitLine**
Referrals made by PHHV while a PHHV client to community services - Other tobacco cessation resources	**Red highlighted field, "Referrals made by PHHV to community", of HRPIO outcome "Exit/Comments" tab.**- Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the pregnant/postpartum client. **Referrals made by an agency other than PHHV should not be recorded here.**	Select all that apply	**Referrals - Other tobacco cessation resources**
Referrals made by PHHV while a PHHV client to community services - Substance use cessation resources	**Red highlighted field, "Referrals made by PHHV to community", of HRPIO outcome "Exit/Comments" tab.**- Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the pregnant/postpartum client. **Referrals made by an agency other than PHHV should not be recorded here.**	Select all that apply	**Referrals - Substance use cessation resources**
Referrals made by PHHV while a PHHV client to community services - Domestic violence resources	**Red highlighted field, "Referrals made by PHHV to community", of HRPIO outcome "Exit/Comments" tab.**- Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the pregnant/postpartum client. **Referrals made by an agency other than PHHV should not be recorded here.**	Select all that apply	**Referrals - Domestic violence resources**
Referrals made by PHHV while a PHHV client to community services - Mental health or support services	**Red highlighted field, "Referrals made by PHHV to community", of HRPIO outcome "Exit/Comments" tab.**- Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the pregnant/postpartum client. **Referrals made by an agency other than PHHV should not be recorded here.**	Select all that apply	**Referrals - Mental health or support services**
Referrals made by PHHV while a PHHV client to community services - Resources to obtain housing	**Red highlighted field, "Referrals made by PHHV to community", of HRPIO outcome "Exit/Comments" tab.**- Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the pregnant/postpartum client. **Referrals made by an agency other than PHHV should not be recorded here.**	Select all that apply	**Referrals - Resources to obtain housing**
Referrals made by PHHV while a PHHV client to community services - Food resources other than WIC	**Red highlighted field, "Referrals made by PHHV to community", of HRPIO outcome "Exit/Comments" tab.**- Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the pregnant/postpartum client. **Referrals made by an agency other than PHHV should not be recorded here.**	Select all that apply	**Referrals - Food resources other than WIC**

Referrals made by PHHV while a PHHV client to community services - WIC	**Red highlighted field, "Referrals made by PHHV to community", of HRPIO outcome "Exit/Comments" tab.** Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the pregnant/postpartum client. **Referrals made by an agency other than PHHV should not be recorded here**.	Select all that apply	**Referrals - WIC**
Referrals made by PHHV while a PHHV client to community services - Medicaid	**Red highlighted field, "Referrals made by PHHV to community", of HRPIO outcome "Exit/Comments" tab.** Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the pregnant/postpartum client. **Referrals made by an agency other than PHHV should not be recorded here**.	Select all that apply	**Referrals - Medicaid**
No referrals Made	**Red highlighted field, "Referrals made by PHHV to community", of HRPIO outcome "Exit/Comments" tab.** Check the box in front of no referrals made if no referrals were made by PHHV visitor on behalf of the pregnant/postpartum client	Select this choice if no referrals were made.	**No Referrals Made**
Outcome of PHHV services to pregnant woman	**Red highlighted field, "Exited High Risk Pregnancy Project", of HRPIO outcome "Exit/Comments" tab**. Choose type of conclusion of services: **Post outcome:** Client followed through post partum period. **Lost to care:** Contact with client lost prior to delivery. **Moved:** Client moved out of service area and did not transfer to another home visiting program. **Refused:** Client refused any home visiting services. **Transferred:** Client transferred to another home visiting program.	Select one: Post outcome (post-pregnancy) Lost to care Moved Refused Transferred	**Outcome of PHHV services to pregnant woman**
Date of client discharge	**Red highlighted field, "Date of Client Discharge", of HRPIO outcome tab.** Date of last face- to- face contact with client.	MM/DD/YYYY	**Date of client discharge**
		INFANT	
County-specific client ID #	Assigned by HDIS.		**Client ID #**
County or reservation site of services	County or reservation where client received services.	**Field automatically populated**	**County or reservation site of services**
SSN of infant	**Red Highlighted Field "Social Security #" on Client Details Demographics Tab** Infant's social security number. If possible, verify with legal documentation.	XXX - XX - XXXX	**SSN**
Last Name	**Red Highlighted Field "Last Name" on Client Details Demographics Tab**. Correct spelling. If possible, verify spelling with Medicaid card or legal document. However verification not required if it will be a hardship for the home visitor. The home visitor will be responsible for changing the spelling prior to outcome, if incorrect spelling entered initially.	free text--letters only no numbers or characters	**Last Name**
First Name	**Red Highlighted Field "First Name" on Client Details Demographics Tab**. Correct spelling. If possible, verify spelling with Medicaid card or legal document. However verification not required if it will be a hardship for the home visitor. The home visitor will be responsible for changing the spelling prior to outcome, if incorrect spelling entered initially.	free text--letters only no numbers or characters	**First Name**

Middle Name	**Red Highlighted Field "Middle Name" on Client Details Demographics Tab**. Correct spelling. If possible, verify spelling with Medicaid card or legal document. However verification not required if it will be a hardship for the home visitor. The home visitor will be responsible for changing the spelling prior to outcome, if incorrect spelling entered initially.	free text--letters only no numbers or characters	**Middle Name**
Client date of birth	**Enter in the red highlighted field "intake date" on HRPIO intake screen.** Date when first face-to-face contact is made with client.	MM/DD/YYYY	**Client date of birth**
Intake date	**Enter in the red highlighted field "intake date" on HRIIO intake screen.** Date when first face-to-face contact is made with client.	MM/DD/YYYY	**Intake date (date of first face-to-face contact)**
Race - White	**Highlighted "race" field of page one of demographics screen.** Demographic information self-reported by infant's primary care giver or mother. Check all races the mother/caregiver of the client identifies with.	Checkbox	**White**
Race - Black or African American	**Highlighted "race" field of page one of demographics screen.** Demographic information self-reported by infant's primary care giver or mother. Check all races the mother/caregiver of the client identifies with.	Checkbox	**Black or African American**
Race - Asian	**Highlighted "race" field of page one of demographics screen.** Demographic information self-reported by infant's primary care giver or mother. Check all races the mother/caregiver of the client identifies with.	Checkbox	**Asian**
Race - Native American/Alaska Native	**Highlighted "race" field of page one of demographics screen.** Demographic information self-reported by infant's primary care giver or mother. Check all races the mother/caregiver of the client identifies with.	Checkbox	**Native American/Alaska Native**
Race - Native Hawaiian or Pacific Islander	**Highlighted "race" field of page one of demographics screen.** Demographic information self-reported by infant's primary care giver or mother. Check all races the mother/caregiver of the client identifies with.	Checkbox	**Native Hawaiian or Pacific Islander**
Race - Other	**Highlighted "race" field of page one of demographics screen.** Demographic information self-reported by infant's primary care giver or mother. Check all races the mother/caregiver of the client identifies with.	Checkbox	**Other**
Race - Unknown	**Highlighted "race" field of page one of demographics screen.** Self reported demographic information. **Check this box if client is unable to self-report race of infant.**	Checkbox	**Unknown**
Ethnicity Hispanic/Latino	**Hispanic/Latino red highlighted field of page one of demographics screen.** Self reported by infant's mother or primary care giver. Check yes, if they say they are Hispanic/Latino. If client reports she is Hispanic (or Latino) and Hmong mark yes. If they report any ethnicity that does not include Hispanic/Latino, mark no. Select unknown if infant's mother or primary care giver is unable to self-report her ethnicity	Select one: Yes No Unknown	**Ethnicity Hispanic/Latino**
Gestational age (weeks)	**Highlighted red "gestational age" field of HRIIO intake tab.** Record the infant's gestational age at birth in weeks. Can be self-reported by infant's mother or primary caregiver.	XX	**Gestational age (weeks)**
Birth weight	**Red highlighted field, "Birth Weight, lbs/oz", of HRIIO intake tab**. Record the birth weight of the newborn infant in pounds and ounces. Select the convert to grams pop up box, and weight will automatically populate the grams field.	Report in pounds and ounces. Conversion table in HDIS will convert to grams.	**Birth weight (grams from conversion table)**

Mother's Complete Last Name	**Red Highlighted Field "Last Name" on Client's Mother Details Demographics Tab**. Correct spelling. If possible, verify spelling with Medicaid card or legal document. However verification not required if it will be a hardship for the home visitor. The home visitor will be responsible for changing the spelling prior to outcome, if incorrect spelling entered initially.	free text--letters only no numbers or characters	**Mother's Complete Last Name**
Mothers Complete First Name	**Red Highlighted Field "First Name" on Client's mother Details Demographics Tab**. Correct spelling. If possible, verify spelling with Medicaid card or legal document. However verification not required if it will be a hardship for the home visitor. The home visitor will be responsible for changing the spelling prior to outcome, if incorrect spelling entered initially.	free text--letters only no numbers or characters	**Mothers Complete First Name**
Mother's Complete Middle Name	**Red Highlighted Field "Middle Name" on Client's mother Details Demographics Tab**. Correct spelling. If possible, verify spelling with Medicaid card or legal document. However verification not required if it will be a hardship for the home visitor. The home visitor will be responsible for changing the spelling prior to outcome, if incorrect spelling entered initially.	free text--letters only no numbers or characters	**Mother's Complete Middle Name**
Mother's Maiden name	**Red Highlighted Field "Maiden Name" on Client's mother Details Demographics Tab.** Should be entered for everyone, even if it is the same as the legal last name. **If never married, legal name can be the same as the maiden name, but this field needs to be completed**	free text--letters only no numbers or characters	**Mother's Maiden name**
Mother's date of birth	**Highlighted field of page one of client's mother demographics screen.** Self report. If possible, verify with legal document.	MM/DD/YYYY	**Mother's date of birth**
Infant of a PHHV client	**Enter in the red highlighted field "infant of a PHHV client" HRIIO intake tab.** Check this box for infant whose mother received PHHV services during pregnancy. Do not check this box it this is an infant whose mother did not receive PHHV services during pregnancy.	Mark checkbox	**Infant of a PHHV client**
Infant with special health care needs	**Enter in the red highlighted fields "Child or youth is diagnosed with a special health care need as designated by an ICD9 code; In Utero exposure to Alcohol; Child or youth has or is at increased risk for chronic physical, developmental, behavioral, or emotional conditions" HRIIO intake tab.** May select all of these fields, or only select one. Selection of any of these three boxes will indicate that this is a child with special health care needs.	Mark each highlighted checkbox that applies to infant with special health care needs.	**Infant with special health care needs**
sex	**Red highlighted field, "Sex", on infant's demographic screen.** Record the sex of the infant.	Enter one: "M" Male "F" Female	**sex**

Breastfeeding at 0 months	**Select red highlighted "feeding method" pop-up button, infant encounter field, zoom.** Indicate breastfeeding status at age, by entering the appropriate initial from the key: If breastfeeding was not initiated at 0 months, all other values default to X. Document feeding status of infant of PHHV client by month through 6 months of age. **Breastfed only**--infant received only breast milk. **Breast milk and other supplementation**--infant received breast milk and other formula, water or juice. **Not Breastfeeding**--Infant is not being breastfed at all at 6 months, **Never initiated Breastfeeding**--Infant was fed formula or other supplementation and breast feeding was not started. **Unknown-** feeding method of infant unknown	Select one: **"B"**--Breastfeeding Only **"S"**--Breast milk and other supplementation **"N"**--Not Breastfeeding **"X"**--Never Initiated Breastfeeding **"U"** breastfeeding status unknown	**Breastfeeding at 0 months**
Breastfeeding at 1 month	**Select red highlighted "feeding method" pop-up button, infant encounter field, zoom.** Indicate breastfeeding status at age, by entering the appropriate initial from the key: If breastfeeding was not initiated at 0 months, all other values default to X. Document feeding status of infant of PHHV client by month through 6 months of age. **Breastfed only**--infant received only breast milk. **Breast milk and other supplementation**--infant received breast milk and other formula, water or juice. **Not Breastfeeding**--Infant is not being breastfed at all at 6 months, **Never initiated Breastfeeding**--Infant was fed formula or other supplementation and breast feeding was not started. **Unknown-** feeding method of infant unknown	Select one: **"B"**--Breastfeeding Only **"S"**--Breast milk and other supplementation **"N"**--Not Breastfeeding **"X"**--Never Initiated Breastfeeding **"U"** breastfeeding status unknown	**Breastfeeding at 1 months**
Breastfeeding at 2 months	**Select red highlighted "feeding method" pop-up button, infant encounter field, zoom.** Indicate breastfeeding status at age, by entering the appropriate initial from the key: If breastfeeding was not initiated at 0 months, all other values default to X. Document feeding status of infant of PHHV client by month through 6 months of age. **Breastfed only**--infant received only breast milk. **Breast milk and other supplementation**--infant received breast milk and other formula, water or juice. **Not Breastfeeding**--Infant is not being breastfed at all at 6 months, **Never initiated Breastfeeding**--Infant was fed formula or other supplementation and breast feeding was not started. **Unknown-** feeding method of infant unknown	Select one: **"B"**--Breastfeeding Only **"S"**--Breast milk and other supplementation **"N"**--Not Breastfeeding **"X"**--Never Initiated Breastfeeding **"U"** breastfeeding status unknown	**Breastfeeding at 2 months**
Breastfeeding at 3 months	**Select red highlighted "feeding method" pop-up button, infant encounter field, zoom.** Indicate breastfeeding status at age, by entering the appropriate initial from the key: If breastfeeding was not initiated at 0 months, all other values default to X. Document feeding status of infant of PHHV client by month through 6 months of age. **Breastfed only**--infant received only breast milk. **Breast milk and other supplementation**--infant received breast milk and other formula, water or juice. **Not Breastfeeding**--Infant is not being breastfed at all at 6 months, **Never initiated Breastfeeding**--Infant was fed formula or other supplementation and breast feeding was not started. **Unknown-** feeding method of infant unknown	Select one: **"B"**--Breastfeeding Only **"S"**--Breast milk and other supplementation **"N"**--Not Breastfeeding **"X"**--Never Initiated Breastfeeding **"U"** breastfeeding status unknown	**Breastfeeding at 3 months**

Breastfeeding at 4 months	**Select red highlighted "feeding method" pop-up button, infant encounter field, zoom.** Indicate breastfeeding status at age, by entering the appropriate initial from the key: If breastfeeding was not initiated at 0 months, all other values default to X. Document feeding status of infant of PHHV client by month through 6 months of age. **Breastfed only**--infant received only breast milk. **Breast milk and other supplementation**--infant received breast milk and other formula, water or juice. **Not Breastfeeding**--Infant is not being breastfed at all at 6 months, **Never initiated Breastfeeding**--Infant was fed formula or other supplementation and breast feeding was not started. **Unknown-** feeding method of infant unknown	Select one: **"B"**--Breastfeeding Only **"S"**--Breast milk and other supplementation **"N"**--Not Breastfeeding **"X"**--Never Initiated Breastfeeding **"U"** breastfeeding status unknown	**Breastfeeding at 4 months**
Breastfeeding at 5 months	**Select red highlighted "feeding method" pop-up button, infant encounter field, zoom.** Indicate breastfeeding status at age, by entering the appropriate initial from the key: If breastfeeding was not initiated at 0 months, all other values default to X. Document feeding status of infant of PHHV client by month through 6 months of age. **Breastfed only**--infant received only breast milk. **Breast milk and other supplementation**--infant received breast milk and other formula, water or juice. **Not Breastfeeding**--Infant is not being breastfed at all at 6 months, **Never initiated Breastfeeding**--Infant was fed formula or other supplementation and breast feeding was not started. **Unknown-** feeding method of infant unknown	Select one: **"B"**--Breastfeeding Only **"S"**--Breast milk and other supplementation **"N"**--Not Breastfeeding **"X"**--Never Initiated Breastfeeding **"U"** breastfeeding status unknown	**Breastfeeding at 5 months**
Breastfeeding at 6 months	**Select red highlighted "feeding method" pop-up button, infant encounter field, zoom.** Indicate breastfeeding status at age, by entering the appropriate initial from the key: If breastfeeding was not initiated at 0 months, all other values default to X. Document feeding status of infant of PHHV client by month through 6 months of age. **Breastfed only**--infant received only breast milk. **Breast milk and other supplementation**--infant received breast milk and other formula, water or juice. **Not Breastfeeding**--Infant is not being breastfed at all at 6 months, **Never initiated Breastfeeding**--Infant was fed formula or other supplementation and breast feeding was not started. **Unknown-** feeding method of infant unknown	Select one: **"B"**--Breastfeeding Only **"S"**--Breast milk and other supplementation **"N"**--Not Breastfeeding **"X"**--Never Initiated Breastfeeding **"U"** breastfeeding status unknown	**Breastfeeding at 6 months**
Enrolled in WIC at outcome	**Red highlighted field, "WIC", on HRIIO outcome tab.** Field should be completed at client outcome (i.e., post outcome, in out of home placement, child deceased, moved, transferred, lost to care, refused, reclassified as a child (>12 months)). Choose one answer to indicate if infant received WIC services during first 12 months of life.	Select one: Yes No Not eligible Unknown	**Enrolled in WIC at outcome**
Enrolled in Medicaid	**Red highlighted field, "Medicaid", on HRIIO outcome tab.** Field should be completed at client outcome (i.e., post outcome, in out of home placement, child deceased, moved, transferred, lost to care, refused, reclassified as a child (>12 months)). Choose one answer to indicate if infant was enrolled in Medicaid during first 12 months of life.	Select one: Yes No Not eligible Unknown	**Enrolled in Medicaid at outcome**

Age in months when infant screened for developmental milestones ASQ screen	**Ages and Stages field of the Assessment Tools tab for infant.** Field should be completed at client outcome (i.e., post outcome, in out of home placement, child deceased, moved, transferred, lost to care, refused, reclassified as a child (>12 months) Record the infant's last ASQ score prior to 8 months of age. If blank, it will be assumed the infant was not screened.	Record age (in months) at first ASQ screen (1-12)	**Age when infant screened for developmental milestones (ASQ)**
Age (in months) of first ASQSE screen	**ASQSE field of the Assessment Tools tab for infant.** Field should be completed at client outcome (i.e., lost to care, in out of home placement, child deceased, moved, transferred, lost to care, refused, reclassified as a child (>12 months), other). Record the infant's last ASQSE score prior to 10 months of age. If blank, it will be assumed the infant was not screened.	Record age (in months) at first ASQSE screen (1-12)	**Age when infant screened for social emotional milestones (ASQSE)**
Current with immunizations at one year of age	**Red highlighted field "Immunizations current" of the HRIIO-Outcome Tab. This field should be completed for those infants who reach their 1st birthday i.e. age out of the PHHV program. Follow immunization schedule recommended by ACIP This field should be completed for those infants who reach their 1st birthday i.e. age out of the PHHV program. Current with vaccines recommended by ACIP for birth, two months, four months and six months.**	Yes No Unknown	**Current with immunizations at one year of age**
Number of calls/reports made by PHHV for suspected child abuse and neglect	**Red highlighted field "Number of calls/reports made by PHHV for suspected child abuse and neglect" of HRIIO-Outcome tab.** Field should be completed at client outcome (i.e., lost to care, child in out of home placement, child deceased, moved, transferred, lost to care, refused, reclassified as a child (>12 months), other). Record the number of calls PHHV home visitor made on behalf of the child to child protective services for suspected child abuse and neglect	Two digit field	**Number of calls/reports made by PHHV for suspected child abuse and neglect**
Infant/family unit is "homeless" or moved more than 3 times in the past year	**Red highlighted field "Three or More Residences or Homeless"" on HRIIO-Outcome tab.** Field should be completed at client outcome (i.e., lost to care, child in out of home placement, child deceased, moved, transferred, lost to care, refused, reclassified as a child (>12 months), other). Self-report by infant's mother or primary caregiver. Select **yes** if the infant lived in three or more residences or was homeless any time during fisrt year of life. Select **unknown** if infant's mother or primary caregiver does not know. **The definition is: The state or condition of being without permanent housing, including living on the streets, staying in a shelter, mission, abandoned buildings, or vehicles or other unstable or non-permanent situation. An individual or family may also be considered to be homeless if that person is doubled– or tripled-up, or moved more than 3 times in first year of life. - Definition consistent with McKinney Vento and Health Care for the Homeless definitions**	Select one (at outcome): Yes No Unknown	**Infant/family unit is "homeless" or moved more than 3 times in the past year**
Infant's primary caregiver EDS score	**Red highlighted field "Depression Screen Score" on HRIIO-Outcome tab.** Field should be completed at client outcome (i.e., lost to care, child in out of home placement, child deceased, moved, transferred, lost to care, refused, reclassified as a child (>12 months), other). Primary caregiver/mother should be screened at least once during the infant's first year of life, using the Edinburgh screening tool.	Enter EDS score	**Infant's primary caregiver EDS score**

Infant's primary caregiver screened for domestic violence (DV ACOG tool) during first year of life.	**Red highlighted field "Infant's Primary Caregiver Screened with DV ACOG Tool during first year of life" on HRIIO-Outcome tab.** Field should be completed at client outcome (i.e., lost to care, child in out of home placement, child deceased, moved, transferred, lost to care, refused, reclassified as a child (>12 months), other). Select **yes** if screening occurred during first year of life. Select **no** if not screened, for any reason. Do not leave this field blank. Primary caregiver/mother should be screened at least once during the infant's first year of life, using the ACOG DV screening tool.	Select one: Yes No	**Infant's primary caregiver screened for domestic violence (ACOG tool)**
Insurance (Health Coverage)	**Red highlighted field "Primary Insurance Carrier" on insurance tab of infant client details.** Select one choice from drop down box: Medicaid/Chip, Private (insurance company may be selected), Self Pay, IHS, unknown. Select field that describes the infant's insurance status at outcome. This describes the insurance status of the infant. Select unknown only if the infant's mother or primary caregiver does not know the insurance status at outcome.	Medicaid/Chip Private Self Pay IHS Unknown	**Insurance (Health Coverage)**
Primary Health Care Provider Identified	**Red highlighted field "Primary health care provider identified?" on HRIIO-Outcome tab.** Field should be completed at client outcome. Record **yes** if the child has a medical primary care provider and **no** if a medical primary care provider has not been identified at client discharge. Select **unknown** only if the home visitor does not know if the infant has a primary care provider identified. A primary health care provider (PCP) is the infant's main health care provider in non-emergency situations. The role of a PCP includes: To provide preventive care, to Identify and treat common medical conditions, to assess the urgency of your medical problems and direct the client to the best place for that care and to make referrals to medical specialists when necessary	Yes No Unknown	**Primary Health Care Provider Identified**
Infant's weight for length is <5th percentile or >95 percentile	**Red highlighted field "Weight for length <5 percentile or >95%" on HRIIO-Outcome tab.** This field should be completed for those infants who reach their 1st birthday i.e. age out of the PHHV program. Can be self-reported by infant's mother/primary caregiver. Select unknown if infant's mother/primary caregiver does not know the height and weight of infant at discharge. *"The CDC Growth Charts, released in May 2000 using Boys, birth to 36 mos, weight-for-length or Girls, birth to 36 mos., weight-for-length .* **The CDC growth charts are available on the Internet at www.cdc.gov/growthcharts and include individual and clinical charts. Use the clinical chart which shows the 5th through the 95th percentiles. Mark yes if the child is <5% or >95% for weight for length Weight-for-length/stature reflects body weight relative to length and requires no knowledge of age. It is an indicator to classify infants and young children as overweight and underweight. http://www.cdc.gov/nccdphp/dnpa/growthcharts/guide _intro.htm.**	Select one: Yes No Unknown	**Infants Weight for length is <5th percentile or > 95 percentile**
Referrals made by PHHV while a PHHV client to community services - MTUPP QuitLine	**Red highlighted field, "Referrals made by PHHV to community Service", on HRIIO-Outcome tab.** Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the client. **Referrals made by an agency other than PHHV should not be recorded here**.	Select all that apply	**Referrals - MTUPP QuitLine**

Referrals made by PHHV while a PHHV client to community services - Other tobacco cessation resources	**Red highlighted field, "Referrals made by PHHV to community Service", on HRIIO-Outcome tab.** Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the client. **Referrals made by an agency other than PHHV should not be recorded here**.	Select all that apply	**Referrals - Other tobacco cessation resources**
Referrals made by PHHV while a PHHV client to community services - Substance use cessation resources	**Red highlighted field, "Referrals made by PHHV to community Service", on HRIIO-Outcome tab.** Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the client. **Referrals made by an agency other than PHHV should not be recorded here**.	Select all that apply	**Referrals - Substance use cessation resources**
Referrals made by PHHV while a PHHV client to community services - Domestic violence resources	**Red highlighted field, "Referrals made by PHHV to community Service", on HRIIO-Outcome tab.** Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the client. **Referrals made by an agency other than PHHV should not be recorded here**.	Select all that apply	**Referrals - Domestic violence resources**
Referrals made by PHHV while a PHHV client to community services - Mental health or support services	**Red highlighted field, "Referrals made by PHHV to community Service", on HRIIO-Outcome tab.** Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the client. **Referrals made by an agency other than PHHV should not be recorded here**.	Select all that apply	**Referrals - Mental health or support services**
Referrals made by PHHV while a PHHV client to community services - Resources to obtain housing	**Red highlighted field, "Referrals made by PHHV to community Service", on HRIIO-Outcome tab.** Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the client. **Referrals made by an agency other than PHHV should not be recorded here**.	Select all that apply	**Referrals - Resources to obtain housing**
Referrals made by PHHV while a PHHV client to community services - Food resources other than WIC	**Red highlighted field, "Referrals made by PHHV to community Service", on HRIIO-Outcome tab.** Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the client. **Referrals made by an agency other than PHHV should not be recorded here**.	Select all that apply	**Referrals - Food resources other than WIC**
Referrals made by PHHV while a PHHV client to community services - WIC	**Red highlighted field, "Referrals made by PHHV to community Service", on HRIIO-Outcome tab.** Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the client. **Referrals made by an agency other than PHHV should not be recorded here**.	Select all that apply	**Referrals - WIC**
Referrals made by PHHV while a PHHV client to community services - Medicaid	**Red highlighted field, "Referrals made by PHHV to community Service", on HRIIO-Outcome tab.** Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the client. **Referrals made by an agency other than PHHV should not be recorded here**.	Select all that apply	**Referrals - Medicaid**
Referrals made by PHHV while a PHHV client to community services - Other	**Red highlighted field, "Referrals made by PHHV to community Service", on HRIIO-Outcome tab.** If referral was made to services other than those listed, select other and **select memo pop-up box.** Write brief name of other service referral. Check the box in front of referral choice, only if the referral was made by the PHHV visitor on the behalf of the client. **Referrals made by an agency other than PHHV should not be recorded here**.	Select this choice if referrals were made to services not included in selection of referrals.	**Referrals-Other**
No referrals Made	**Red highlighted field, "Referrals made by PHHV to community Service", on HRIIO-Outcome tab.** Check the box in front of no referrals made if no referrals were made by PHHV visitor on behalf of the pregnant/postpartum client	Select this choice if no referrals were made.	**No referrals made**

Infant received Early intervention services during first 12 months.	**Red highlighted field, "Early Intervention", on HRIIO-Outcome tab.** Check only one box at client outcome. Select **yes** if infant received early intervention services from Part C agency.	Yes No Unknown	**Infant received Early intervention services during first 12 months.**
Infant referred to a specialty clinic during first year of life	**Red highlighted field, "Specialty Clinic", on HRIIO-Outcome tab.** Check one box at client outcome. Select **yes** if infant was referred to a specialty clinic during first year of life.	Yes No Unknown	**Referrals - Specialty clinic**
Total number of PHHV face-to-face visits - Home, Office or Other	**Red highlighted field," Location of PHHV face-to-face visit" filed of the encounter tab, Zoom.** Select from drop down box, home, office or other. Field should be selected for each client face-to-face encounter. This required data element will automatically populate the required data elements report at client outcome (i.e., post outcome, moved, transferred, lost to care and refused). Face-to-face visits include home visits, office visits or other. Other is face-to-face encounter at arranged site, other than office or home. This could be due to safety concerns. Telephone visits, cancelled appointments or no-show appointments should not be included.	Select one location from drop-down box for location of face-to-face contact.	**Total number of face-to-face PHHV visits - Home**
			Total number of face-to-face PHHV visits - Office
			Total number of face-to-face PHHV visits - Other
Outcome of PHHV services to infant	**Red highlighted field, "Exited PHHV Project", of HRIIO-Outcome tab.Choose type of conclusion of services** **Lost to care** - Unable to find infant/family **Child in out of home placement -** child discharged from PHHV project because child is in out of home placement and not receiving PHHV services **Child deceased -** PHHV infant died within first year of life. **Moved -** infant moved out of service area **Transferred -** infant transferred to out of PHHV service area **Refused -** family/primary caregiver refused any home visiting services **Reclassified as a child (>12 months)** - infant reaches first birthday **Other -** infant referred to other services that provide home visiting services, i.e. early intervention	**Select one**: Lost to Care Child in out-of-home placement Child deceased Moved Refused Transferred Reclassified as a child (>12 months) Other	**PHHV Program Outcome**
Date of client discharge	**Red highlighted field, "Date of Client Discharge", of HRIIO outcome tab.** The Discharge date is either of the follow two choices: a. The end of the month of the infant's first birthday OR b. The month from the last date of client (infant/family unit) face-to-face contact for those who are discharged before the first birthday	MM/DD/YYYY	**Date of client discharge**